VOLUNTARY TERM LIFE AND AD&D INSURANCE BENEFITS SUMMARY



For Employees of	City of Bisbee
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ELIGIBILITY - ALL ELIGIB	LE EMPLOYEES								
Employee Eligibility	You must be actively at	You must be actively at work (able to perform all normal duties of your job) to be							
Requirement	eligible for coverage.								
Dependent Eligibility	ligibility To be eligible for coverage, your dependents must be able to perform normal								
Requirement activities and not be confined (at home, in a hospital, or in any other									
Minimum Work Hours		minimum of 40 hours per week							
Coverage Payment	You pay 100% of the pro	emium for this coverage through	n easy payroll deduction.						
COVERAGE GUIDELINES									
	Employee	Spouse	Child(ren)						
Minimum	\$10,000	\$5,000	\$2,000						
Maximum	5X annual salary, up to \$500,000	50% of employee's benefit, up to \$125,000	50% of employee's benefit, up to \$10,000						
Guarantee Issue Amount	5X annual salary, up to \$100,000	50% of employee's benefit, up to \$50,000	50% of employee's benefit, up to \$10,000						
	n below, Guarantee Issue means the an	nount of insurance applied for which do	es not require evidence of						
	he Guarantee Issue Amount will requir	re a health application/evidence of insur	rability.						
Benefits									
	Within the coverage guid coverage you want.	delines defined above, you selec	et the amount of life insurance						
Life Insurance Benefit Amou		This plan includes the option to select coverage for your spouse and dependent child(ren). Children include those 14 days old, up to age 19 (25 if a full-time student).							
	care/accelerated death benefits pre	Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.							
		For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of life insurance benefit.							
Accidental Death & Dismemberment (AD&D) Benefit Amount	of an accident, and the ir	AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion							
		of the Principal Sum.							
FEATURES	T								
Living Care/Accelerated Dea Benefit	th 80% of the amount of the terminally ill, not to exce	e life insurance benefit is availa	ble to you and your spouse if						
Waiver of Premium	If it is determined that you are totally disabled your life insurance benefit will								
Annual Benefit Amount Increase	If you enroll for even the enrollment, you have the your next enrollment, up	ou enroll for even the minimum amount of coverage during your initial llment, you have the ability to enroll for an additional \$10,000 of coverage at next enrollment, up to the Guarantee Issue Amount. This feature allows you to re additional life insurance protection in the event your needs change (ex. you get							
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt								
Portability The portability feature allows you to continue this insurance program for yourself your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.									

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FEATURES (CONTINUED) If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

AGE REDUCTIONS AND EXCLUSIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 70, amounts reduce to 65%. At age 75, amounts reduce to 45%. At age 80, amounts reduce to 30%. At age 85, amounts reduce to 20%. At age 90+, amounts reduce to 15%. Spouse coverage terminates at age 70. Coverage terminates at retirement.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date of issue (the date coverage begins) of this coverage. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Term life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001. AD&D Policy Form Number 7000M-M-EZ 2001.

VOLUNTARY TERM LIFE AND AD&D COVERAGE SELECTION AND PREMIUM CALCULATION

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000 (ex. \$10,000, \$20,000, or \$50,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than \$100,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

Employee Premium Table (26 Payroll Deductions Per Year)										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0- 29	\$0.692	\$1.385	\$2.077	\$2.769	\$3.462	\$4.154	\$4.846	\$5.538	\$6.231	\$6.923
30- 34	\$0.738	\$1.477	\$2.215	\$2.954	\$3.692	\$4.431	\$5.169	\$5.908	\$6.646	\$7.385
35- 39	\$0.831	\$1.662	\$2.492	\$3.323	\$4.154	\$4.985	\$5.815	\$6.646	\$7.477	\$8.308
40- 44	\$1.154	\$2.308	\$3.462	\$4.615	\$5.769	\$6.923	\$8.077	\$9.231	\$10.385	\$11.538
45- 49	\$1.662	\$3.323	\$4.985	\$6.646	\$8.308	\$9.969	\$11.631	\$13.292	\$14.954	\$16.615
50- 54	\$2.031	\$4.062	\$6.092	\$8.123	\$10.154	\$12.185	\$14.215	\$16.246	\$18.277	\$20.308
55- 59	\$3.692	\$7.385	\$11.077	\$14.769	\$18.462	\$22.154	\$25.846	\$29.538	\$33.231	\$36.923
60- 64	\$5.308	\$10.615	\$15.923	\$21.231	\$26.538	\$31.846	\$37.154	\$42.462	\$47.769	\$53.077
65- 69	\$13.615	\$27.231	\$40.846	\$54.462	\$68.077	\$81.692	\$95.308	\$108.923	\$122.538	\$136.154
70- 74	\$24.138	\$48.277	\$72.415	\$96.554	\$120.692	\$144.831	\$168.969	\$193.108	\$217.246	\$241.385
75- 79	\$39.692	\$79.385	\$119.077	\$158.769	\$198.462	\$238.154	\$277.846	\$317.538	\$357.231	\$396.923
80+	\$80.215	\$160.431	\$240.646	\$320.862	\$401.077	\$481.292	\$561.508	\$641.723	\$721.938	\$802.154

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren)coverage. Your spouse's benefit amount must be in an increment of \$5,000 (ex. \$15,000, \$20,000 or \$25,000). Refer to the Coverage Guidelines section for minimums and maximums if needed.

Spouse Premium Table (26 Payroll Deductions Per Year)										
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0- 29	\$0.346	\$0.692	\$1.038	\$1.385	\$1.731	\$2.077	\$2.423	\$2.769	\$3.115	\$3.462
30- 34	\$0.369	\$0.738	\$1.108	\$1.477	\$1.846	\$2.215	\$2.585	\$2.954	\$3.323	\$3.692
35- 39	\$0.415	\$0.831	\$1.246	\$1.662	\$2.077	\$2.492	\$2.908	\$3.323	\$3.738	\$4.154
40- 44	\$0.577	\$1.154	\$1.731	\$2.308	\$2.885	\$3.462	\$4.038	\$4.615	\$5.192	\$5.769
45- 49	\$0.831	\$1.662	\$2.492	\$3.323	\$4.154	\$4.985	\$5.815	\$6.646	\$7.477	\$8.308
50- 54	\$1.015	\$2.031	\$3.046	\$4.062	\$5.077	\$6.092	\$7.108	\$8.123	\$9.138	\$10.154
55- 59	\$1.846	\$3.692	\$5.538	\$7.385	\$9.231	\$11.077	\$12.923	\$14.769	\$16.615	\$18.462
60- 64	\$2.654	\$5.308	\$7.962	\$10.615	\$13.269	\$15.923	\$18.577	\$21.231	\$23.885	\$26.538
65- 69	\$6.808	\$13.615	\$20.423	\$27.231	\$34.038	\$40.846	\$47.654	\$54.462	\$61.269	\$68.077

All Children Premium Table (26 Payroll Deductions Per Year)*								
\$2,000 \$3,000 \$4,000 \$5,000 \$6,000 \$7,000 \$8,000 \$9,000 \$10,000								
\$0.185	\$0.277	\$0.369	\$0.462	\$0.554	\$0.646	\$0.738	\$0.831	\$0.923

^{*}Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

	culate the total premium for y appropriate premium amounts			enefits (for your own
	+	+	=	
Employee Premium	Spouse Premium	Child(ren) Pre	mium	Total Premium